**DISTRICT COURT** 

## **COUNTY OF HENNEPIN**



## CRIMINAL RECORD REQUEST

Party(s) Nan	ne:		
Date of Birth Date of Incid			
	information you are		
Requested by	y:		
	Name:	 	
	Address:	 	 
	City, State, Zip:		 
	Telephone:		

Mail request with fee of \$5.00 per name to:

Hennepin County District Court C-1153 Government Center 300 South Sixth Street Minneapolis, MN 55487 Attn: Criminal Records